DOCUMENT RESUME

ED 307 749 EC 220 254

AUTHOR	Bersani, Hank A., Jr.; Salon, Rebecca
TITLE	Personal Integration Inventory.
INSTITUTION	Syracuse Univ., NY. Center on Human Policy.
SPONS AGENCY	National Inst. on Disability and Rehabilitation Research (ED/OSERS), Washington, DC.
PUB DATE	1 May 88
GRANT	G0085C03503
NOTE	25p.
PUB TYPE	Tests/Evaluation Instruments (160)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	Adults; Community Programs; *Daily Living Skills; *Developmental Disabilities; *Disabilities; Evaluation Methods; *Interpersonal Competence; *Normalization (Handicapped); *Questionnaires; Social Integration
IDENTIFIERS	*Personal Integration Inventory

ABSTRACT

The Personal Integration Inventory is a "survey" that can be used to look at the life of a single developmentally disabled individual and the extent to which s/he is becoming integrated into his/her community. It focuses on the day-to-day experiences and interactions of people who live in community settings and should be completed by someone who has close involvement with the person. The inventory is intended to help monitor growth and progress over time, to help programs identify needs, and to promote training activities for staff members and others concerned with encouraging personal integration. The inventory can be used with persons living in formal programs as well as with their families, with roommates, or on their own. Section I has sections covering non-residential activities, community resources, and personal relationships (including acquaintances, friends, and family involvement). Section II is intended to provide supplementary information with sections on a personal characteristics, home/residential program description, and supports to integration which include promoting integration, public education activities, support/training, time/scheduling priorities, rules and guidelines, and other supports. (DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED307749

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

✓ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

Center on Human Policy

PERSONAL

INTEGRATION

INVENTORY

BEST COPY AVAILABLE

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Steven Taylor

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

EC 220 254

Personal Integration Inventory

by

Hank Bersani, Jr., Ph.D.

and

Rebecca Salon

Research and Training Center
on Community Integration
Center on Human Policy
724 Comstock Avenue
Syracuse University
Syracuse, NY 13244-4230
(315) 423-3851

May 1, 1988

This document was supported through Contract No. G0085C03503 between the Center on Human Policy, Syracuse University, and the National Research Institute for Disability and Rehabilitation, U. S. Department of Education. The opinions expressed herein do not necessarily represent those of the U. S. Department of Education and no endorsement should be inferred.

Acknowledgments

Over the past two years, more than 100 individuals have assisted in the development of this instrument through four successive drafts, pilot studies and field tests. It would be impossible to list here the names of all those who helped us.

We want to acknowledge the efforts of the members of the Advisory Committee of the Research and Training Center on Community Integration for their suggestions, the students in the three Syracuse University courses who pilot-tested earlier drafts, and the members of the staff of the Center on Human Policy who offered their guidance. We also thank the individuals and agencies in the Syracuse area who assisted us, especially Milt Baker at the Syracuse Developmental Center and Betsy Edinger at Transitional Living Services.

Special thanks also to Allan Bergman, Jeff Strully, Bob Perske, Bonnie Shoultz, and Gunnar Dybwad who offered suggestions above and beyond the call of duty. We hope you see your efforts reflected in the final product.

Finally, thanks to Ms. Rachael Zubal. Without her ongoing support in word processing and layout, we could never have finished.

TABLE OF CONTENTS

Introduction to the Personal Integration Inventory

Page

SECTION I. Personal Integration Inventory.....4

Part 1: Non-Residential Activities.....5
Part 2: Community Resources.....7
Part 3: Personal Relationships.....9
A) Acquaintances.....9
B) Friends.....11
C) Family Involvement.....12

SECTION II. Supplemental Information.....13

Part 1: Personal Profile.....13
Part 2: Home/Residential Program Description.....16
Part 3: Supports to Integration.....18
A) Promoting Integration.....18
B) Public Education Activities.....19
C) Support/Training.....20
D) Time/Scheduling Priorities.....21
E) Rules and Guidelines.....22
F) Other Supports.....23

Personal Integration Inventory

Introduction

The Personal Integration Inventory (PII) is a "survey" that can be used to look at the life of a single individual and the extent to which s/he is becoming integrated into his/her community. It is to be used with a single person and the questions all relate to that person's life.

The "Personal Integration Section" of the inventory focuses on the day-to-day experiences and interactions of people who live in community settings and should only be completed by someone who has had close involvement with the person.

There are several supplemental sections to the main Inventory. The "Background Section" should be completed by a case manager, program administrator, family member, roommate or close friend. This section asks for demographic and background information, as well as some information about any support people or program(s) in which s/he may be involved.

This is not an integration test that one can pass or fail. Integration is a process, not an end product -- a journey rather than a destination. All people are integrated into different groups to different degrees, and these degrees of integration change over time. Therefore, one way a person or program can use the survey form is to complete it every six or twelve months, to look at someone's growth and progress in developing relationships and in becoming part of the communities in which they live, learn, work and play.

There are several other ways in which this inventory can be used. For example, it can be used by a program that serves several people, to focus on the person within the program who is considered to be the most integrated into his/her community and the person who is considered to be the least integrated. This would allow people to examine their program's expectations about different people, and would allow them to look at the supports that are (or are not) available to the different people to facilitate integration. The inventory can also be used to assist in planning for the future, as one kind of information reviewed at planning meetings. Lastly, the PII can be used in training activities to help staff members, family members, friends and people with disabilities think of new ways to promote personal integration.

As much as possible, the PII has been developed so that it can also be used to review the integration of a person who is not living in a "program." Therefore, the PII can be used with people who are living with their families, with roommates, on their own, and so on.

PERSONAL INTEGRATION INVENTORY

Part 1: Non-Residential Activities

Please check the items that best describe this person's major activities outside of the home. (Note: For most people, this would be their school, job or daytime program.)

1). Does the person participate in a school program? yes___ no__
If the answer is "no" move on to item #2.
If "yes," check the type of schooling listed below that best describes the person's activity.

_____adult education program
_____special class in special school
_____special class in regular school
_____regular class in regular school with "resource" support
_____other school/education program (please specify)
_____

2) Does the person participate in an unpaid day program or activity on a regular basis? yes____ no____. If "no" move on to question #3, if "yes", check the item below that best describes that work.

_____day activities program outside the residence
_____day activities program within the residence
_____volunteer work with people who have handicaps or other special needs
_____other volunteer work in the community
_____other daytime program or activity (please specify)
_____

3) Does the person perform paid work on a regular basis? yes____ no____. If "no", move on to question #4. If "yes", check the item below that best describes that work.

_____independent competitive job
_____individual supported job
_____enclave, work crew, or work station
_____sheltered work
_____vocational training
_____other work (please specify)
_____

4) Does the individual have any day activities outside of the home on a regular basis? yes____ no____. If "yes, please specify: _____
_____
_____

5) On the days that the person has a regularly scheduled day activity, when does s/he leave and return home? Please give usual times for departure and return home. (If the person does not have a regular daily activity, check here____and move on to question #8

leaves home at_____ am pm returns home at_____ am pm

6) How many hours per day and days per week does s/he go to school, work or attend a day program? Do not include travel time.

_____hours per day _____days per week

7) How long has s/he gone to school, worked or attended the program at the place just described? (indicate number of years/months)

_____years _____months

8) In the "non-residential" activity described above, how often does s/he have the opportunity to interact with people who are not handicapped, other than paid staff? (Circle the number that most accurately reflects his/her opportunity for interaction.)

1	2	3	4	5	6	7
never	rarely		sometimes		frequently	all day

9) How does the person usually get from home to their regular day activity? (check one)

_____on foot/in wheelchair
_____in roommate's or family member's vehicle (i.e., with someone s/he lives with)
_____in co-worker's or friend's vehicle (other than someone s/he lives with)
_____in agency/program vehicle
_____taxicab
_____"regular" mass transit public transportation
_____"special" public transportation (please specify):_____
_____own vehicle (e.g., car, motorcycle, bicycle, etc.) (please specify):_____
_____other (please specify):_____
_____not applicable (i.e., s/he does not participate in any regular work/activity outside of the home)

Part 2: Community Resources

The following table is designed to help you construct a "resource map" of resources that are used by the general public and are also utilized by the person you are describing. For each item listed below, please do the following:

STEP 1 - In the column on the left hand side of the list of resources, please write in the number of times (or days, if more appropriate) a resource was actually used by the person you are describing during the last month. Remember that the kinds of activities a person participates in changes with the seasons. In any given month some activities will be more common and others will be less common. The inventory will work best if you limit yourself to the past month.

STEP 2 - In the column marked "WITH WHOM" please indicate who most frequently accompanied the person you are describing when utilizing this resource, by using the most accurate corresponding letter(s) listed below. (For example, if s/he usually went to the movies with three roommates, all of whom have handicaps, a staff person, and his/her sister, write in B, C, F on the WITH WHOM line next to "movies/theater/cultural events.")

A. no one (alone)
B. paid staff
C. family member(s)
D. foster family member(s)
E. one or two other people with handicaps
F. more than 2 people with handicaps
G. formal volunteers, through a school, agency, or organization
H. one or more people who are not handicapped not staff, not family members, and not formal volunteers listed above

STEP 3 - Finally, place an asterisk (*) next to any of the resources that are most frequently used at times when they are being used primarily by other people with handicaps. For example, a man goes to a public swimming pool weekly, usually on a one-to-one basis with a staff member, but they use the pool at a time reserved for people with handicaps. The list would read:

	RESOURCES/ACTIVITIES	WITH WHOM
How often in the past month did the person use:		
4	sports/health club facilities (e.g., YMCA/YWCA, swimming, bowling, tennis, exercise group, etc.)	B*

Community Resources

How often did the person use the following resources in the last month?

	RESOURCES/ACTIVITIES	WITH WHOM
1.	churches/synagogues	
2.	grocery stores/food shopping	
3.	clothing/personal shopping	
4.	adult education program	
5.	community/civic groups (e.g., block association, local auxiliary, Lions/Rotary/Kiwanis)	
6.	parks/playgrounds	
7.	movies/theater/cultural events	
8.	medical/dental services	
9.	banking	
10.	post office	
11.	restaurants	
12.	library	
13.	laundromat	
14.	community centers for social events	
15.	sports/health club facilities (e.g., YMCA/YWCA, swimming, bowling, tennis, exercise group, etc.)	
16.	public transportation	
17.	"governmental" activities (e.g., voting, town meetings, public hearings)	
18.	vacation/holiday, resort	
19.	coffee house/bar	
20.	hobby/special interest club	
21.	membership/participation in a performing arts group (e.g., chorus, theater, band, etc.)	
22.	other recreational facilities or community resources (specify): _____	

PLEASE REMEMBER TO PLACE AN ASTERISK (*) BESIDE THOSE RESOURCES THAT ARE USED AT TIMES RESERVED FOR PEOPLE WITH HANDICAPS, OR AS PART OF A SCHOOL PROGRAM, DAY OR RECREATIONAL PROGRAM FOR PEOPLE WITH DISABILITIES.

Part 3: Personal Relationships

A) Acquaintances

This section explores interactions that s/he has with people, other than family members (defined above to include foster and adoptive families) and paid staff. The "types" of people you should be thinking about are co-workers; roommates/housemates; neighbors; friends; merchants; service professionals; citizen advocates; volunteers; someone who belongs to the same church, club or organization; a former schoolmate, and so on.

1) Does s/he engage people who are not handicapped in casual friendly spoken conversation in an appropriate way? (Check one)

____ daily
____ at least once a week
____ several times a month
____ at least once a month
____ less than once a month

2) Does s/he engage people who are handicapped in casual friendly spoken conversation, when appropriate? (Check one)

____ daily
____ at least once a week
____ several times a month
____ at least once a month
____ less than once a month

3) If s/he does not speak, does s/he initiate interaction, communicate through gesture or actions, or otherwise establish friendly, casual contact with people who are not handicapped? (Check one)

____ daily
____ at least once a week
____ several times a month
____ at least once a month
____ less than once a month

4) If s/he does not speak, does s/he initiate interaction, communicate through gesture or actions, or otherwise establish friendly, casual contact with people who are handicapped? (Check one)

____ daily
____ at least once a week
____ several times a month
____ at least once a month
____ less than once a month

5) How many times in the past month did s/he receive visitors from people who were not handicapped at his/her home for social reasons (including visits from friends, neighbors, co-workers, etc.; not including paid staff or family members)?

Enter number of visits this past month _____
Enter the number of visitors this past month _____

6) How many times in the past month did s/he receive visitors who are handicapped at his/her home for social reasons (including visits from friends, neighbors, co-workers; not including paid staff or family members)?

Enter number of visits this past month _____
Enter the number of visitors this past month _____

7) How often does s/he visit someone who is not handicapped at their home (other from paid staff or family members)?
Enter number of visits this past month _____

8) How often does s/he telephone to, or receive calls from people who are not handicapped (other than paid staff or family members)?
Enter number of calls this past month _____

9) How often does s/he telephone to, or receive calls from, other people who are handicapped (other from paid staff or family members)?
Enter number of calls this past month _____

10) How often does s/he visit someone who is handicapped at their home (other than paid staff or family members)?
Enter the number of times this past month _____

B) FRIENDSHIPS

People have both friends and acquaintances in their lives. Friends are people with whom we have developed trust, can share joys and problems, can depend upon in a times of need, can provide support to in their times of need, and have built a "history" with through shared experiences. Friendships go far beyond relationships with acquaintances.

1. How many people would you consider to be a friend to the person you are describing (excluding family members, staff, and formal volunteers)?

_____friends

2. From the categories listed below, indicate the numbers of people from each category who you would consider their friends (not just acquaintances) Please note that you are asked to determine if the friend would be considered by most people to be "handicapped" or "non-handicapped." Place a number for the friends who most people would consider "non-handicapped" (NH) friends on the left, and the number of friends most people would consider "handicapped" (H) friends on the right.

NUMBER OF FRIENDS CONSIDERED		CATEGORY
NH	H	
1		roommates/housemates
2		co-workers
3		people who live in the neighborhood
4		local merchants and service professionals in the community (e.g., bank teller, physician, cashier in neighborhood store, pharmacist, postal clerk, etc.
5		human service professionals
6		volunteers and citizen advocates
7		people who belong to the same church
8		people who belong to the same club or organization
9		former schoolmates or childhood friends
10		others (please specify):
11		_____
12		_____

C) Family Involvements

Below please the number of times (or number of days if appropriate) the listed activity or interaction took place in the past month. Write the number in the space marked "past month". Include activities/interactions with family members (include biological and foster/adoptive family members). Remember the point here is to accurately record the past month of activity. Do not worry about whether this month is an "average" month.

past month	activity/interaction
1	engage in casual, friendly conversation in person
2	go shopping
3	go to a movie, show, or concert
4	attend an organizational meeting together (e.g., service organizations, diet group, etc.)
5	visit each other's homes
6	participate in sports
7	attend a sporting event
8	attend recreational or health club
9	go out for a meal
10	telephone each other
11	attend church/synagogue
12	go for a walk/drive
13	go on vacation; take trips
14	attend family parties/events
15	doing volunteer work
16	other (please specify):
17	_____
18	_____

AGAIN, PLACE AN ASTERISK (*) NEXT TO ANY ACTIVITIES THAT ARE MOST FREQUENTLY PARTICIPATED IN AT TIMES WHEN MOST OF THE OTHER PEOPLE THERE ARE HANDICAPPED, OR THAT ARE PART OF A SCHOOL PROGRAM OR OTHER DAY OR RECREATION PROGRAM.

SUPPLEMENTAL INFORMATION

Part 1: Personal Profile

NOTE: This section should be filled out by the person(s) most familiar with this individual's history and, with the program/agency where applicable.

How long has s/he lived in this home? ____years ____months
What is his/her age? _____years
What is his/her gender? ____male ____female

Part of understanding a person's life is understanding their past. The items below provide a record of the individual's previous living arrangements.

1) Where has s/he lived previously and for how long?
(Check all that apply & fill in number of years)

Type of residence	Number of years
_____parent's or family's home	_____
_____foster/family care	_____
_____other relative's home	_____
_____own home/apartment (living independently)	_____
_____state institution(s)	_____
_____residential school(s)	_____
_____community residence(s) (e.g., group home, community ICF, etc.)	
_____for more than 6 people	_____
_____for 6 or fewer people	_____
_____size unknown	_____
_____supervised or supported apartment	
_____boarding home	
_____other	_____
(please specify:_____)	

Another part of understanding a person's life is understanding the labels that are applied to them.

2) How is this person currently labeled in his/her records? (Check all that apply)

_____mild mental retardation
_____moderate mental retardation
_____severe mental retardation
_____profound mental retardation
_____visually handicapped/blind
_____hearing impaired/deaf
_____non-ambulatory
_____physically handicapped
_____non-verbal
_____speech impaired
_____autistic
_____emotionally disordered/disturbed
_____medically challenging/fragile
_____dually diagnosed (i.e., having a psychiatric as well as a developmental disabilities label)
_____other (please specify)_____
_____
_____

3) Another part of understanding a person involves being aware of their strengths and weaknesses. What strengths and positive characteristics does s/he have that might facilitate his/her acceptance in the community, and/or that might facilitate the development of relationships? (Check all that apply)

_____outgoing nature
_____communication skills
_____physical features
_____grooming/overall appearance
_____positive social behaviors and manners
_____warmth
_____sincerity
_____sense of humor
_____popular interests
_____caring/concern for others
_____other (please specify)_____
_____
_____
_____

4) What characteristics does this person have that <u>might</u> limit or pose challenges to his/her integration in the community? (Check all that apply)

_____physical features
_____grooming/overall appearance
_____behaviors that are strange or odd
_____speech patterns
_____mannerisms
_____communication skills (poor or no communication)
_____eating skills (limited or different)
_____ambulation limitations
_____activity level (over or under active)
_____special medical problems
_____other (please specify)_____
_____
_____

Part 2: Home/Residential Program Description

(Note: This section should be filled out by the person(s) most familiar with this individual's history and, with the program/agency where applicable.

(1) What amount of residential support does s/he receive? (Check one of the four categories below and provide any requested information.)

a)____24-hour on-site support, training and supervision (i.e., people living with, or being available in his/her home during any hours that s/he is home)
if s/he lives in a residential program,
number of full-time staff _____
total number of part-time staff _____
and their total full-time equivalent_____
if s/he lives in home that is not a program
number of family members/roommates who provide support _____
number of paid support staff _____
and their total full-time equivalent_____

b)____daily on-site training and support (i.e., for a limited number of hours-per-day; not round-the-clock)
if s/he receives paid residential support
number of paid "direct service" staff _____
number of hours per day on weekdays _____
number of hours per day on weekends _____
if s/he lives in a home that is not a program or receives regular unpaid support
number of unpaid people who provide regular support _____
total number of hours per day on weekdays _____
total number of hours per day on weekends _____

c)____less frequent on-site training and support
number of paid "direct service" staff _____
_____ days per week for _____ hours per visit
and/or telephone contact _____ calls per week;
number of unpaid people who provide support _____
_____ days per week for _____ hours per visit
and/or telephone contact _____ calls per week

d)____as needed visitation and telephone contact
number of paid "direct service" staff _____
average of_____hours per month of visitation plus _____ calls per week on the telephone;
and/or number of unpaid people who provide support _____ average of_____hours per month of visitation plus_____ calls per week on the telephone

(2) How many people who have disabilities live in this home? _____

(3) How many people who do not have disabilities live in this home as their permanent residence? _____

(4) How many people who live in this home have a primary label of:

____mildly mentally retarded
____moderately mentally retarded
____severely mentally retarded
____profoundly mentally retarded
____other primary label (please specify)_____
_____
_____

(5) Is this home a licensed residential program? yes_____ no_____

(6) How might this living arrangement best be categorized?
_____state institution
_____residential school
_____community intermediate care facility (ICF)
_____group home
_____supervised or supported apartment
_____foster/family care home
_____boarding home
_____parents' or family's home
_____own home (living independently)
_____other (please specify)_____

SUPPORTS TO INTEGRATION

A) Promoting Integration

The process of integration can be promoted and supported by others. What have the program staff or family/foster family done in the past month for this individual to support, encourage and/or facilitate social relationships and involvement in community activities? (Check all that accurately describe what the program staff or family/foster family have done.)

1) _____ introduced him/her to neighbors and to other people in the community

2) _____ arranged for membership or participation in a community group, with the support of a group member.

3) _____ emphasized training, guidance, and activities for him/her to support successful and consistent community involvements, activities and relationships

4) _____ spoke to neighbors and to people in community groups to encourage and facilitate individual relationships and participation in community activities

5) _____ provided training and feedback in social "skills" necessary for various situations

6) _____ provided feedback and guidance in dress and grooming for specific social situations

7) _____ provided training and guidance in specific skills that may be necessary to participate in a community activity (e.g., skills relating to travel, money, time, communication, etc.)

8) _____ provided guidance in decision-making, in how to make choices, and in self-advocacy

9) _____ provided training or guidance in other relevant areas (please specify)

10) _____ family members/foster family members or staff presenting themselves as positive social role models with respect to appearance, grooming, social skills, behavior, etc.

11) _____ encouraged and/or engineered ongoing activities in the community specific to his/her individual preferences and needs to build relationships and "memberships"

12) _____ engineered one-to-one experiences connecting him/her with people in the community

13) _____kept him/her abreast of community events; providing an ongoing orientation to the community/neighborhood and its resources

14) _____provided opportunities for him/her to develop <u>new</u> interests or hobbies

15) _____became personally involved in, or made use of existing ongoing involvements in community, civic, religious, service or social groups to pave the way for his/her acceptance and/or to maximize the possibilities for him/her to develop an individual relationships through:

_____ sponsoring his/her membership/participation
_____ public speaking
_____ informally networking with members

16) _____other actions taken by staff or family/foster family members (please specify)

<u>B) Public Education Activities</u>

<u>In the past month</u>, what has the program staff or the family/foster family done with respect to community awareness activities, positive publicity or public education, to help pave the way for integration into social activities, community organizations, and generic services? (Check all items that apply)

_____arranged for positive publicity regarding relationships, regarding participation/involvement in community activities, regarding individuals with handicaps, etc.

_____focused some community education efforts on children, to increase their acceptance of differences in people

_____other efforts (please specify)

C) Support/Training

In the past month, what supports and/or training have been available to families/foster families or program staff to support their efforts in fostering community integrated activities and involvements for the person being described? (Check all that have been available.)

1) _____training in various advocacy and attitude-change strategies

2) _____providing information with respect to the resources, supports, and activities available in the community

3) _____guidance in how to represent people with handicaps when talking to neighbors or people in the community

4) _____suggestions as to how to make the most of natural encounters with people in the community

5) _____training in how to assist people in developing social behaviors and other necessary skills so that they can better participate in activities and establish/strengthen relationships

6) _____training specific to community integration (e.g., PASS; PASSING; normalization; social role valorization; review of other programs that provide information on community integration -- types of integration, what to expect, strategies to increase the potential for integration, strategies for supporting and safeguarding relationships; etc.) Specify:

7) _____forum in which they can explore and seek to clarify their attitudes, expectations, and values regarding handicaps; the potential for growth, development, and contribution of people with handicaps; etc.

8) _____other training relevant to community integration (please describe)

D) Time/Scheduling Priorities

How much time is direct care staff able to devote to each of the following activities? (Put the most accurate number in the blank preceding each of the activities listed below.)

1. none of the time
2. very little time
3. some of the time
4. about half of the time
5. much of the time
6. most of the time
7. all of the time

_____building relationships with people in the community

_____"setting the stage" or "paving the way" for involvements in community activities

_____teaching skills necessary for successful interactions, participation, or involvement in community activities

_____paperwork and documentation of activities (broadly defined to include individual planning for him/her, financial planning or record keeping, keeping medical or dietary records, etc.)

_____promoting family involvement

_____providing physical care for him/her (e.g., dressing, bathing, toileting, providing assistance with eating, etc.)

_____providing training in daily living skills (i.e., grooming, housekeeping, cooking, money management, functional academics, etc.)

_____attending school, agency or organizational meetings

_____providing supervision (i.e., time not involving training or other direct interactions)

_____other activities relating to him/her (please specify):

_____

E) "Rules" and Guidelines

What are the guidelines or "rules" in the program or within the family/foster family for being out in the community? (Check all of areas in which there are rules and specify what the rule is.)

_____Group size. That is, is there a maximum/minimum group size allowed/required for being out in the community? (Specify):

_____Dress/grooming for him/her. Is there a "dress code" of any sort for being out in the community? (Specify):

_____Dress/grooming for family/foster family members or staff. Is there a "dress code" or any "understanding" regarding the appearance of the people who are supporting him/her in the community? (Specify):

_____Behavior. Are there behaviors that would restrict community outings or involvements? (Specify):

_____Types of activities in which one can participate. That is, are there any types of activities that are restricted or prohibited, and are there any that are specifically promoted? (Specify):

_____Treatment of individual choice/preference. How, and to what extent,is s/he allow or encouraged to choose the activities and involvements participated in in the community? (Specify):

_____Types of places/settings in which one can participate in an activity. Are there any restrictions or preferences? (Specify):

_____Scheduling of activities. Are there any restrictions or preferences for when people participate in community activities or interact with people in the community? (Specify):

_____Degree/type of supervision required. Are there any rules or criteria about the degree or type of supervision necessary while out in the community for different activities? with different groups? with different individuals? (Specify):

_____Other rules or policies that would effect involvements and/or participation in the community? (Specify):

Other Supports

During the past month, what other supports have been used to assist staff and/or family/foster family members in their interactions with people in the community? (Check all that describe the supports that have been available.)

_____ introductions to key people in the community/neighborhood

_____ relief/respite from other responsibilities, to allow time specifically for activities that will support/foster his/her community integration and acceptance, and his/her relationships.

_____ ongoing, regular feedback, guidance, and emotional support, especially regarding the community activities and relationships in which s/he has (or perhaps has not) been involved (For staff, this could be from supervisors, colleagues or family members, this could be from program staff, other families/foster families, and so on, as long as it is ongoing, regular feedback.)

_____ financial support for extra staff expenses, travel expenses, or the cost of community activities themselves, when necessary, so that s/he can participate in, and be supported during, activities that have a high potential for integration or for establishing and/or strengthening relationships

_____ ongoing, systematic evaluation of efforts that are being made to integrate him/her into the community and to assist him/her in building relationships

_____ providing opportunities for staff or family/foster family members to learn about and/or visit other people/programs that are successfully integrating people into their communities and assisting them in establishing friendships and relationships

_____ other available supports (please describe):